

Spondyloarthritis (SpA)

Spondyloarthritis is an umbrella term covering auto-immune conditions affecting the Axial skeleton (the spine and sacro-iliac joints). Conditions falling under this umbrella include, Ankylosing Spondylitis and Psoriatic Arthritis. There are familial connections with the conditions and there is a strong association with 85-95% HLA-B27 positivity.

It is vital to the prognosis of these conditions that they are recognised and treated appropriately as early as possible to onset. Almost all outcomes are negatively affected with increased delay to diagnosis. Despite this, there still remains an average delay to diagnosis of 8.5 years from the onset of the condition.

NICE guidance requires clinical correlation of subjective symptoms and objective medical testing for confirmation or refutation of SpA diagnosis to be performed by a Rheumatologist. This determines that suspected SpA diagnoses are referred to the appropriate Rheumatology department. Guidance should be sought regarding referral pathways and requirements to avoid unnecessary delay.

Recognition of SpA starts in the subjective history, chronic back pain of onset prior to the age of 45, self-reported early morning stiffness and/or pain lasting greater than 60 minutes, pain in the second half of the night and rest being worse than activity are strong indicators for further investigation.

Common extra articular features include (prevalence), peripheral arthropathy/synovitis (30%), enthesitis (40%), dactylitis (7%), Psoriasis (9%), Iritis/Uveitis (20-26%) and Crohns/Ulcerative Colitis (4-10%). A number of studies have shown that investigating patients with these conditions and chronic back pain could identify a significant number of undiagnosed Spondyloarthropathies and reduce delay to diagnosis by up to 7 years.

Investigation of suspected SpA combines blood tests and imaging. Blood tests should include markers of inflammation (ESR and CRP) and the HLA-B27 genetic test. Full blood count is advisable to help assess the general health status also. MRI is the imaging modality of choice for SpA, the suggested protocol is Sagittal T1W and STIR for the whole spine and coronal oblique STIR pelvis centred on and angulated for the SI joints. It is strongly advised to discuss with the appropriate radiology department to ensure cohesive requesting and reporting.